Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III Rd Artec NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

			LE AND AUTHORIZATION
	O TRANSPOR	RT OIL	AND NATURAL GAS
Operator Snyder Oil Corporation			Well API NO 700
1801 California St. Ste	3500, Den	ver,	CO 80202
Reason(s) for Filing (Check proper box)			Other (Please explain)
New Well	Change in Transporter	r of:	
Recompletion Gil	Dry Gas		!
Change in Operator Casinghead	Gas Condensat		P.O. Box 2038, Farmington, NM 37499
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name TAFOYA JA	Well No. Pool Name Blan	e, Includia CO Me	Kind of Lease No. 179007A
Location F 198	30 Feet Front		orth 1850 West
Section 35 Township 321	Range	1,31	N , NMPM, SAN JUAN County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	or Condensate	7	Address (Give address to which approved copy of this form is to be sent)
Giant Refinery —	_	_	P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Company		P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, Unit give location of tanks.	Sec. Twp.	Rge	Is gas actually connected? When ? Yes
If this production is commingled with that from any other lease or pool, give commingling order number:			
VI. OPERATOR CERTIFICATE OF	COMPLIANC	E	O" CONCEDIATION DIVIDION
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date ApprovedNOV 2 7 1990
Catricia Jognani by Num			
Signature Patricia Tognoni Engr Tech			By S. A) Chang
Printed Name 10/01/90	303-292-9	100	Title SUPERVISOR DISTRICT #3
Date	Telephone No.		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply complicied wells.